Name in Full

Certificete of Death

Jeremiah Allen

No. 108

Town

Died at Union Bridge

County

Carroll

MARYLAND

Date 1904	Month 11	Day 20	Age Y. 45	M. 0	D. 0	Native of Md	Occupation Laborer

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of ~~children~~ living

Husband of

Wife

Father's Name

Mother's Maiden Neme

Cause of Death { Primary paralysis

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Frank J Shriner (undtkr)

Address Union Bridge Md

Must be signed by physicien, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full: Samuel Luther Angel.

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Near Taneytown. County: Carroll

Date of death: 1904 Month: 11 Day: 13 Age: Years 51 Months 2 Days 15

Sex: Male Color or Race: White Birthplace: Md.

Occupation: Retired Farmer Where Residing if not at place of death: —

Married, ~~Single~~ ~~Widowed~~ ~~Divorced~~ Name of Wife or ~~Husband~~: Amelia Angel.

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Samuel Angel. Father's Birthplace: Md.

Mother's Maiden Name: Mary Shoop. Mother's Birthplace: Md.

Name of person giving Information: J. Harry Angel. How related to deceased: [redacted] Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hypertrophy of Prostate. How long: 2 or 3 years.

Immediate: Septic Cystitis. How long: 3 or 4 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G. H. Dyer M.D.

Address: Taneytown, Carroll Co. Md.

~~Accident or Suicide~~?

LIBRARY BUREAU A88016

Name in Full: Gladys Bair

CERTIFICATE OF DEATH

MARYLAND

540

Died at — Town: Warfieldsburg — County: Carroll

Date of death 1904 — Month: Nov — Day: 13 — Age: Years: — Months: 1 — Days: 8

Sex: Female — Color or Race: White — Birthplace: Warfieldsburg

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Howard L. Bair — Father's Birthplace: Carroll Co

Mother's Maiden Name: Ellen Barnes — Mother's Birthplace: " "

Name of person giving Information: Howard L. Bair — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 9. — How long:

Immediate: Croup — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. J. Thomas Conaway

Address: Westminster Md.

Accident or Suicide?

L

LIBRARY BUREAU A88816

St James Cemetery

Name In Full

Certificate of Death

Mary S. Barnhart—

Died at Town: Cranberry

County: Carroll

MARYLAND

Date 1904 Month: Nov	Day: 6	Age Y.: 52,	M.: 11,	D.: 17	Native of: Maryland	Occupation: Housework

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 11

~~Husband~~ Wife of John H Barnhart—

Father's Name: Wm Shipman

Mother's Maiden Name: Mary M Snyder

Cause of Death — Primary: Angina Pectoris 80 — How long sick: 3 hours

Immediate — Accident, Suicide, Homicide

Reported by J. H. Sherman M.D.

Address Manchester Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Name in Full: Barbara A Baullerd

CERTIFICATE OF DEATH

MARYLAND

543

Died — Town: Westminster — County: Carroll

Date of death 1904 — Month: Nov — Day: 23 — Age — Years: 26 — Months: 11 — Days: 4

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Abraham H. Baullerd — Father's Birthplace: Maryland

Mother's Maiden Name: Margaret Shafer — Mother's Birthplace: do

Name of person giving information: Margaret Baullerd — How related to deceased: Mother

CAUSES OF DEATH

Primary: Tuberculosis — How long: 1 year

Immediate: " — How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jos. T. Herring

Address: Westminster Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Catharine Bowers

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Brucevillee — County: Carroll

Date of death: Month: Nov — Day: 23 — 1904

Age: Years: 82 — Months: 8 — Days: 8

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Retired — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Alexius Bowers

Father's Name: John Heart — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Clara Shoot — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute indigestion - Gangr — How long: 5 days

Immediate: Heart Failure — How long: 2 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: D. H Dillen

Address: D. E. Emmit Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Joshua P. Brandenburg

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Springfield Hospital — County: Carroll

Date of death: 1904 — Month: Nov. — Day: 11th — Age: 62 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death:

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Lydia F. Shipley

Father's Name: Wm Brandenburg — Father's Birthplace: Germany

Mother's Maiden Name: Rachel Purdum — Mother's Birthplace:

Name of person giving information: Hospital records — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long: 5 [illegible]

Immediate: Cardiac Dilatation — How long: 3 mths

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas J. Carey

Address: Sykesville Md.

Accident or Suicide? no

LIBRARY BUREAU A89316

Name in Full: Percy Dailey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Springfield Hosp. County: Carroll

Date of death: Month: Nov. Day: 2 1904

Age: Years: 28. Months: Days:

Sex: Male

Color or Race: White

Birthplace: Md.

Occupation: Farmer

Where Residing if not at place of death:

~~Married~~, Single or Widowed

Name of Wife or Husband:

Father's Name: ?

Father's Birthplace: ?

Mother's Maiden Name: ?

Mother's Birthplace: ?

Name of person giving Information:

How related to deceased:

120

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dementia Precox.

How long: 1½ yrs.

Immediate: Chr. Parenchymatous Nephritis

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas. J. Carey

Address: Sykesville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Nellie Mills Dulls.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakahommna. County: Carroll.

Date of death 1904: Month: Nov. Day: 13. Age: Years — Months — Days: 16.

Sex: Male. Color or Race: White. Birthplace: Carroll Co.

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: John T. Dulls. Father's Birthplace: Maryland.

Mother's Maiden Name: Violetta E. Hackett. Mother's Birthplace: Maryland.

Name of person giving Information: John E. Dulls. How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth. How long: —

Immediate: Malassimilation. Exhaustion. How long: 16 days.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Wm. H. Nail. M.D.

Address: Harrisville. Md.

Accident or Suicide: —

LIBRARY BUREAU

Name in Full: Mortimer Dorsey

CERTIFICATE OF DEATH

MARYLAND

537

Died at: Town: Westminster — County: Carroll

Date of death: 1904 Month: Nov. Day: 3 — Age: 69 Years 3 Months 14 Days

Sex: Male — Color or Race: White — Birthplace: Howard Co. Md

Occupation: Farmer. (Retired) — Where Residing if not at place of death: ✓

Married, Single or Widowed: Married — Name of Wife or Husband: Sarah Jane Bergster Dorsey.

Father's Name: Mortimer Dorsey. — Father's Birthplace: Howard Co. Md

Mother's Maiden Name: Ann M Skinner. — Mother's Birthplace: Calvert Co. Md.

Name of person giving information: Richard P. Dorsey. — How related to deceased: Son.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Entero - Colitis — How long: 3 weeks

Immediate: Cardiac Syncope — How long: 1 hr

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. T. Herring

Address: Westminster Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full

Certificate of Death

George Feelemyer

Died at Springfield State Hospital - Sykesville MARYLAND

Town County

Date 1907	Month 11th	Day 24	Age Y. 72	M. –	D. –	Native of Md.	Occupation Minister

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living

Husband of Wife —

Father's Name David Feelemyer

Mother's Maiden Name Anna Banks

Cause of Death — Primary: Insanity

How long sick

Immediate: Drowning Suicide

Accident, Suicide, Homicide

Reported by

Address 158

Saw F. Feelemyer Coroner

Sykesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79283

Name in Full: Amos Flickinger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Taneytown; County: Carroll

Date of death: Month: Aug. 13; Day: 13; Years: Age 85; Months: 3; Days: 2

Sex: Male; Color or Race: American; Birthplace: Penna

Occupation: Farmer; Where Residing if not at place of death:

Married, Single or Widowed: Widower; Name of Wife or Husband: Elizabeth Flickinger

Father's Name: ; Father's Birthplace:

Mother's Maiden Name: ; Mother's Birthplace:

Name of person giving Information: Mrs Harnish; How related to deceased: Sister in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: ; How long:

Immediate: Senile Dementia; How long: 3 years

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. Birnie MD

Address: Taneytown

filed 1904

Accident or Suicide?

LIBRARY BUREAU A8831G

Name in Full: Gertie E Garver

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westfalls — County: Carroll

Date of death: Month: Nov — Day: 13 — Year: 1904 — Age: Years: 24 — Months: 11 — Days:

Sex: Female — Color or Race: White — Birthplace: West Falls

Occupation: House wife — Where Residing if not at place of death:

Married, ~~Single or Widowed~~ — Name of ~~Wife or~~ Husband: Colvin Garver

Father's Name: Colvin Swank — Father's Birthplace: Franklyn Co Md

Mother's Maiden Name: Amie W Shipley — Mother's Birthplace: Loudoun Co Va

Name of person giving information: Colvin Franklyn — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption — How long: 2 yrs

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D T Ferris

Address:

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Thomas Gorsuch ✓

CERTIFICATE OF DEATH

MARYLAND

54

Died at: Town: Gamber; County: Carroll

Date of death 1904: Month: Nov; Day: 27

Age: Years: 82; Months: 8; Days: 17

Sex: male; Color or Race: White; Birthplace: Md

Married, Single or Widowed: widowed; Occupation: Farmer

Name of Wife or Husband:

Father's Name: Geo W Gorsuch; Father's Birthplace: Md

Mother's Maiden Name: Mary Gardner; Mother's Birthplace: Md

Name of person giving In formation: Frank Gorsuch; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cancer; How long: 10 yrs

Immediate: Septicemia; How long: 1 mo.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr S.N. Gorsuch

Address: Gamber Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: N. Kooper Gray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville County: Carroll.

Date of death 1904 Month: Nov. Day: 20

Age: Years 5-5- Months Days

Sex: Male Color or Race: wh Birthplace: Del.

Occupation: Farmer Where Residing if not at place of death

Married, ~~Single~~ or Widowed Name of Wife or Husband: Mollie Gray

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Emory Everpin How related to deceased: none

68

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paretic Dementia How long: 18 mos.

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Clement Clark

Address: Sykesville, Md.

Accident or Suicide? No

LIBRARY BUREAU A66816

Name in Full

Certificate of Death

Julia Hall

Died at Town

County Carroll County MARYLAND

Date 1904 Month November Day 28 | Age Y. 65 M. D. | Native of Md. | Occupation Nurse

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of -

Father's Name

Mother's Maiden Name

Cause of Death { Primary - Immediate Cancer

How long sick 15 Months

Accident, Suicide, Homicide

Reported by Richard Arnie

Address Hampstead

Harry F. Cutler Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Frank Irvin Harbaugh

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hampstead; County: Carroll

Date of death: Month: Nov; Day: 3; 1904

Age: Years: 36; Months: 2; Days: 18

Sex: male

Color or Race: White

Birthplace: Md.

Occupation: R. R. Conductor

Where Residing if not at place of death: ———

Married, Single or Widowed: married

Name of Wife or Husband: Flora V Nogle Harbaugh

Father's Name: Milton Harbaugh

Father's Birthplace: Md.

Mother's Maiden Name: Laura Jane Eyler

Mother's Birthplace:

Name of person giving Information: Milton Harbaugh

How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

How long:

Immediate: fractured Skull

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. M. Euler & Son

Address: Undertakers Hagerstown

Accident or Suicide? Accident R.R.

LIBRARY BUREAU A88816

Thurnock

Name in Full: Nedine May Harclerhorn

CERTIFICATE OF DEATH

MARYLAND

545

Died at: Town: Westminster — County: Carroll

Date of death: Month: Nov — Day: 28 — Year: 1904

Age: Years: — Months: 10 — Days: 1

Sex: Female — Color or Race: White — Birthplace: Carroll Co

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Edward M. Harclerhorn — Father's Birthplace: Carroll Co

Mother's Maiden Name: Lillie May Quigley — Mother's Birthplace: " "

Name of person giving information: Edward M. Harclerhorn — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Indigestion — How long: 2 days

Immediate: Convulsions — How long: 3 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas R. Fouty

Address: Westminster Md.

Accident or Suicide? —

LIBRARY BUREAU A66616

Backmatter

Name in Full: A. Corbin T. Harris

CERTIFICATE OF DEATH

MARYLAND

Died at: Sykesville — Town | Carroll — County

Date of death: 1904 Nov 18 — Month | Day

Age: 44 Years | Months | Days

Sex: Male

Color or Race: Wh.

Birthplace: Virginia

Occupation: Physician

Where Residing if not at place of death:

~~Married~~, Single or Widowed

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: General Paresis — How long: 2 years.

Immediate: General Debility — How long: 10 days.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas J. Carey

Address: Sykesville Md.

Accident or Suicide? —

LIBRARY BUREAU A8881G

Name in Full: Elizabeth Hull

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near Westminster | County: Carroll

Date of death: Month: November | Day: 24 | 1904

Age: Years: | Months: | Days: 6

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female | Color or Race: White | Birthplace: Md

Occupation: — | Where Residing if not at place of death: —

Married, Single or Widowed: single | Name of Wife or Husband:

Father's Name: Jesse Hull | Father's Birthplace: Carroll Co

Mother's Maiden Name: Adie Hoover | Mother's Birthplace: " "

Name of person giving Information: Lewis Hull | How related to deceased: Uncle

CAUSES OF DEATH

Primary: — | How long:

Immediate: — | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? —

Signature of Physician: Jas. H. Billingslea

Address: Westminster Md

Accident or Suicide? No —

LIBRARY BUREAU A88816

Kriders

Name in Full: Jackson Florence

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Berret — County: Carroll

Date of death: Month: Nov — Day: 3 — 1904 — Age: Years: 23 — Months: — — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: Housewife — Where Residing if not at place of death: — —

Married, Single or Widowed: Married — Name of Wife or Husband: George Jackson

Father's Name: John Groomes — Father's Birthplace: Md

Mother's Maiden Name: Arabella Groomes — Mother's Birthplace: Md.

Name of person giving Information: Clarence Fawcett — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: one year

Immediate: Pulmonary Tuberculosis — How long: one year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. D. Crouch

Address: Winfield Carroll Co.

~~Accident or Suicide?~~

LIBRARY BUREAU A88518

Name in Full: Alverta Keyser

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Sykesville (County) Carroll

Date of death 1904 Month 11 Day 18

Age Years 40 Months — Days —

Sex Female Color or Race White Birthplace Md.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Henry Keyser Father's Birthplace Germany

Mother's Maiden Name Mary Racher Mother's Birthplace Germany

Name of person giving Information Mrs M. Raabe 68 How related to deceased Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Ptuporous Melanchobia How long 1½ years.

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John Norfolk Morris M.D.

Address Springfield State Hospital Sykesville Carroll Co. Md.

Accident or Suicide? No.

LIBRARY BUREAU A86518

Name in Full: Madge Elizabeth Koons

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dublin P.O. Creek County: Carroll

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month	1904 Nov.	Day	29	Years	1
Months	—	Days	12		
Sex	Female	Color or Race	White	Birthplace	D.P. Creek Md.
Occupation	Infant	Where Residing if not at place of death	—		
Married, Single or Widowed	Infant	Name of Wife or Husband	—		
Father's Name	Edgar H. Koons	Father's Birthplace	Middleburg Md		
Mother's Maiden Name	Florence E. Holt	Mother's Birthplace	D.P. Creek Md		
Name of person giving information	Florence E. Koons	How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Teething - C.	How long	—
Immediate	Croupous pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	D. H. Diller
		Address	D.P. Creek Maryland
Accident or Suicide?	—		

LIBRARY BUREAU A88818

Name in Full: Emeline Krumrine

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Union Mills — County: Carroll

Date of death 1904: Month: November — Day: 12 — Age: Years: 38 — Months: 0 — Days: 2

Sex: Female — Color or Race: White — Birthplace: York Co. Pa

Married, Single or Widowed: Married — Occupation: Housewife

Name ~~of Wife~~ or Husband: John Krumrine

Father's Name: Andrew Mummert — Father's Birthplace:

Mother's Maiden Name: Sarah Wilhime — Mother's Birthplace:

Name of person giving In formation: John Krumrine — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Angina Pectoris — How long:

Immediate: — How long: 30

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. J. Stewart

Address: Union Mills Md

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full David Leese

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Manchester — County: Carroll

Date of death 1904 — Month: 11 — Day: 30 — **Age** Years: 75 — Months: 9 — Days: 16

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Carpenter — Where Residing if not at place of death:

~~Married~~, Single or Widowed — Name of Wife or Husband: Elizeth Leese

Father's Name: Geo Leese — Father's Birthplace: Md.

Mother's Maiden Name: Miss Snader — Mother's Birthplace: Md.

Name of person giving information: J C Leese — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease Heart — How long: 1 year

Immediate: Gangrene — How long: 2 months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jos. W. Nealon M.D.

Address: ~~Jos. W. Nealon~~ Manchester

Accident or Suicide?

LIBRARY BUREAU A88816

Harry Barratt
Between Sheridan &
Hamilton on
N. King St.
Frankl.
Penn Berry

Name in Full

Certificate of Death

Ernest Eugene Martin

Town: Eldersburg

County: Carroll

Died at Eldersburg MARYLAND

Date 1904	Month Day	Age Y. M. D.	Native of	Occupation
	Nov. 20	18 - 5 - 28	Md.	Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living ~~—~~

Husband of —

Wife —

Father's Name: Wm Martin

Mother's Name: Mary R. Filch

Cause of Death:

Primary: Typhoid Fever — How long sick: 4 weeks

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by: W. D. Morris. M.D.

Address: Eldersburg. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full: Editta Morelock

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Silver Run; County: Carroll

Date of death 1904: Month: Nov; Day: 6; Age: Years: 6; Months: 6; Days:

Sex: Female; Color or Race: White; Birthplace: Md

Occupation:

Where Residing if not at place of death:

TO BE ANSWERED BY NEAREST FRIEND

~~Married~~, Single or ~~Widowed~~:

~~Name of Wife or~~ Husband:

Father's Name: Harvey Morelock; Father's Birthplace: Md

Mother's Maiden Name: Addie Frazer; Mother's Birthplace: Md

Name of person giving information:

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheria; How long: two week

Immediate: Spinal meningitis Resulted; How long: one week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Edward Yingling

Address: Union Bridge Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Margret Reninger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Manchester / County: Carroll

Date of death: 1904 | Month: 11 | Day: 30 | Age: Years: 68. | Months: 9 | Days:

Sex: Femal | Color or Race: White | Birthplace: Germany.

Occupation: Housekeeper | Where Residing if not at place of death:

~~Married, Single~~ or Widowed | Name of Wife or Husband: John. Reninger

Father's Name: | Father's Birthplace: Germany

Mother's Maiden Name: | Mother's Birthplace: German

Name of person giving Information: Geo W Leimbach | How related to deceased: Freind

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia | How long: 8 day

Immediate: | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jos Frew M.D.

Address: Manchester

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Ada L Ogg

CERTIFICATE OF DEATH

MARYLAND

539

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: East Vick — County: Carroll

Date of death: 1904 Month: Nov Day: 8 — Age: Years: 23 Months: 1 Days: 8

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: George W Ogg — Father's Birthplace: Maryland

Mother's Maiden Name: Laura J. Williams — Mother's Birthplace: Del

Name of person giving information: Garfield Ogg — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumpsion of lungs & throat — How long: Apr 29. 1904

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: D. E. Shipley, M. D.

Address: Westminster Md.

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: Lucsie Oondorff

CERTIFICATE OF DEATH

MARYLAND

54

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Westminster — County: Carroll

Date of death: Month: Nov — Day: 25 — 1904

Age — Years: 25 — Months: — Days: —

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: House Keeper

Where Residing if not at place of death:

Married, Single or Widowed: married

Name of Wife or Husband: Clarence Oondorff

Father's Name: Allen Fries

Father's Birthplace: Carroll Co

Mother's Maiden Name: Mary Allen

Mother's Birthplace: " "

Name of person giving In formation: Clarence Oondorff

How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sepsis Ficemia

How long: 10 days

Immediate: "

How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. L. Bott & Herring

Address: Westminster Md

Accident or Suicide?

LIBRARY BUREAU A6551G

Name in Full: Eugene Phillips

CERTIFICATE OF DEATH

MARYLAND

Town: Sykesville | County: Carroll

Date of death: 1904 | Month: Nov | Day: 20 | Years: Age 36 | Months | Days

Sex: Male | Color or Race: wh | Birthplace: Md.

Occupation: None. | Where Residing if not at place of death:

Married, Single or Widowed: single | Name of Wife or Husband:

Father's Name: Elias V. Phillips | Father's Birthplace: Md

Mother's Maiden Name: Sarah A. ? | Mother's Birthplace: "

Name of person giving information: | How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Abscess of Lung. | How long: 3 weeks

Immediate: Toxemia | How long: 2 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. C. Shinn M. D.

Address: Sykesville Carroll Co Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Uriah Pugh

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Gamber; County: Carroll

Date of death: Month: Mar; Day: 6; 1904

Age: Years: 67; Months: 5; Days: —

Sex: Male; Color or Race: White; Birthplace: Maryland

Occupation: None; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Abraham Pugh; Father's Birthplace: Maryland

Mother's Maiden Name: Annie M Bennett; Mother's Birthplace: Del

Name of person giving Information: Albert Pugh; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis; How long: 1 Year

Immediate: " ; How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. D. Hering

Address: Westminster Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Rachel Pye

CERTIFICATE OF DEATH

MARYLAND

547

Died at — Town: Westminster — County: Carroll

Date of death 1904 — Month: Nov — Day: 29 — Age: Years 70 — Months — — Days —

Sex: Female — Color or Race: Colord — Birthplace: Maryland

Occupation: House Servant — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Dont Know

Father's Name: Charles Pye — Father's Birthplace: Maryland

Mother's Maiden Name: Eliza Adams — Mother's Birthplace: Del

Name of person giving Information: Mary Pye — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long: 4 or 5 years

Immediate: Double Pneumonia — How long: 36 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas. R. Foutz.

Address: Westminster Md.

Accident or Suicide? —

LIBRARY BUREAU A89516

Name in Full: Peter L. Ritter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Keymar; County: Carroll

Date of death: Month: Nov.; Day: 27; 1904

Age: Years: 82; Months: 10; Days: 16

Sex: Male

Color or Race: White

Birthplace: Manchester, Md.

Occupation: Retired Farmer

Where Residing if not at place of death: —

Married, Single or Widowed: Widower

Name of Wife or Husband: —

Father's Name: Michael Ritter

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving In formation: H. Ernest Ritter

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General debility-Age — How long: 1 year

Immediate: Weakness-Heart failure — How long: 1 day

PHYSICIAN OR CORONER

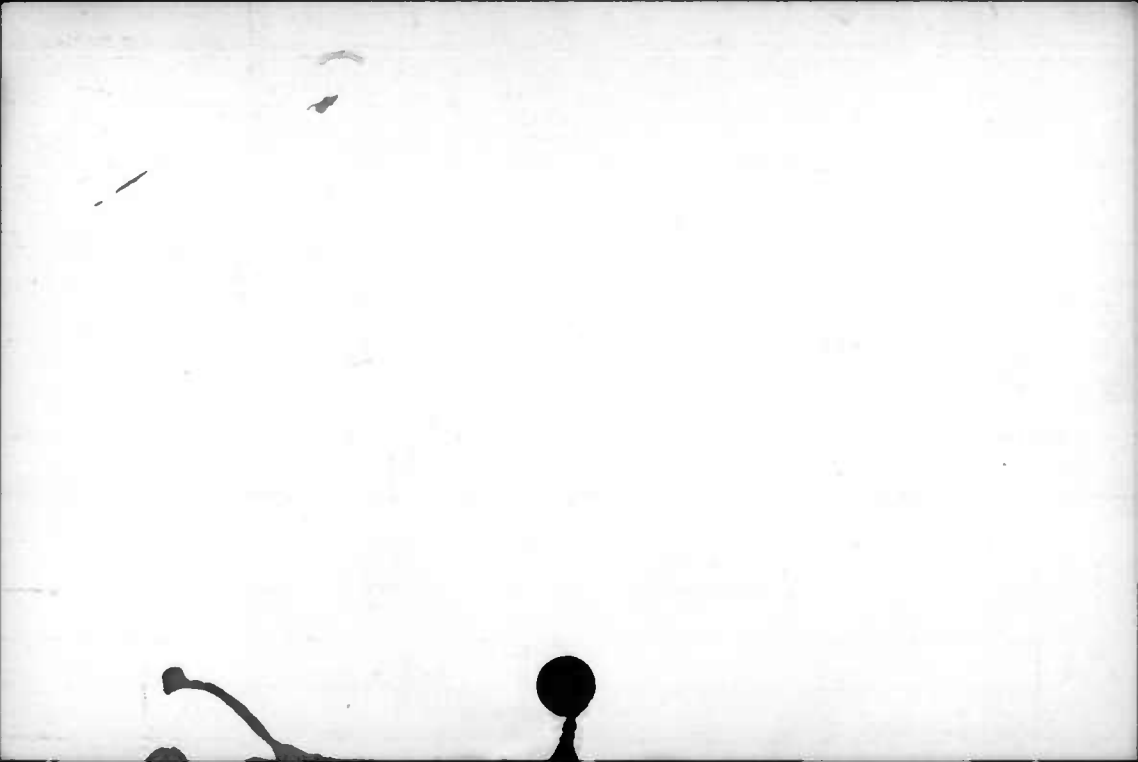
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Thos. H. Dillon

Address: D. P. Keymar Maryland

Accident or Suicide?

LIBRARY BUREAU A66816



Name in Full: Annie B. Roberts

CERTIFICATE OF DEATH

MARYLAND

541

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westminster — County: Carroll

Date of death: Month: Nov — Day: 20th — 1904

Age: Years: 60 — Months: — Days: —

Sex: Female

Color or Race: Colored

Birthplace: Maryland

Occupation: Servant

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband: Summerfield Roberts

Father's Name: Dont Know

Father's Birthplace:

Mother's Maiden Name: Dont Know

Mother's Birthplace:

Name of person giving Information: John P. Witten

How related to deceased: friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long: 5 yrs

Immediate: Heart-Trouble — How long: 2 yrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Jno Dwelle

Address: Westminster

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Annie Mary Saylor

CERTIFICATE OF DEATH

MARYLAND

54 M

Died at: Town: Westminster — County: Carroll

Date of death: Month: Nov — Day: 29 — 1904

Age: Years: 50 — Months: 7 — Days: 10

Sex: Female — Color or Race: White — Birthplace: Hagerstown

Occupation: Housekeeper — Where Residing if not at place of death: Home

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: John Saylor

Father's Name: John G. Gruber — Father's Birthplace: Hagerstown

Mother's Maiden Name: Ann M Hahn — Mother's Birthplace: " "

Name of person giving Information: John Saylor — How related to deceased: Husband.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Bilious Colic — How long: 4 weeks

Convulsions — How long:

Immediate: Heart Failure

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas. R. Fouts

Address: Westminster Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A66816

Name in Full: Mary Elizabeth Tawney

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hampstead, Md. County: Carroll

Date of death 1904: Month: 11 Day: 1 Age: Years 4 Months Days

Sex: Female Color or Race: White Birthplace: Hedrunnster

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single Name or Wife or Husband: —

Father's Name: Feldaine Tawney Father's Birthplace: —

Mother's Maiden Name: Pearl Shaffer Mother's Birthplace: —

Name of person giving Information: William Tawney How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Diphtheria How long: 15 da

Immediate: Heart Failure How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edgar M. Bush M.D.

Address: Hampstead, Md.

Accident or Suicide: —

LIBRARY BUREAU A88518

Name in Full: Ella Alberta Wareheim

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Millers — County: Carroll

Date of death 1904 — Month: Nov — Day: 12 — Age: Years: 27 — Months: — Days: 24

Sex: Female — Color or Race: White — Birthplace: Balt. Co.

Married, Single or Widowed: Married — Occupation: Farming

Name of Wife or Husband: Geo. R. Ware

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Nicholas Gardner — Father's Birthplace:

Mother's Maiden Name: Sarah A. Gardner — Mother's Birthplace:

Name of person giving information: Carroll T. Wareheim — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: Two years

Immediate: General Debility — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. H. Preston M.D.

Address:

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full: John Wathen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville; County: Carroll

Date of death: Month: Nov. Day: 19 1904

Age: Years: 40 Months: Days:

Sex: Male

Color or Race: wh

Birthplace: Md.

Occupation: Laborer

Where Residing if not at place of death:

~~Married, Single~~ or Widowed

Name of Wife or Husband:

Father's Name: 56

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information: Robt A Brooks

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Alcoholic Insanity — How long: 3 yrs

Immediate: Cerebral Effusion — How long: 3 days.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. C. Hine M.D

Address: Sykesville Md.

Accident or Suicide?

LIBRARY BUREAU A68816

Name in Full: William D. Wright

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Springfield — County: Carroll

Date of death: Month: Nov. — Day: 17 — 1904

Age: Years: 84 — Months — Days

Sex: Male — Color or Race: white — Birthplace: Md.

Occupation: Carpenter — Where Residing if not at place of death

Married, ~~Single~~ or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

154

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senile Dementia — How long: 5 yrs

Immediate: Exhaustion — How long: 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: N. C. Stone M. D.

Address: Sykesville Md.

Accident or Suicide?

LIBRARY BUREAU A66616